are potent in bringing about this effect, doubtless because they cause injury of the endothelial cells, and the suggestion is made that bacterial infection is successfully resisted partly by reason of a free flow of lymph which is rich in bactericidal substance. If the thoracic duct be occluded, or in fact any large lymphatic trunk, edema occurs which is relieved by the establishment of collateral circulation. In the experiments above mentioned, this was brought about in one case by formation of a new channel which entered the proximal part of the ligatured duct, and in another case by collaterals which ran to the right thoracic duct; while in some cases no such communication could be made out, but the edema was not widely spread. If occlusion of the thoracic duct and injury of the mesenteric duct be produced, chylous ascites may occur.

Palæopathology.—PROF. RUFFER (*Jour. Path. and Bact.*, October, 1913, xviii, No. 2) has coined this unusual word to embrace knowledge that may be gained as to the inroads of disease upon bodies preserved to us from ancient times. He has had an opportunity of studying the pathological lesions in Coptic bodies dating from the fifth century of the Christian era. The bodies were not mummies in the proper sense of the word, but owed their wonderful preservation to the dry sand and to salt. They were evidently for the most part Christians, and many were dressed in embroidered garments. The teeth were found very badly diseased; caries was common; pyorrhea alveolaris and periodontitis were frequent, and it is evident that little care was bestowed in life upon the teeth by the Copts; nor was there any evidence that dentistry was understood by them. Spondylitis deformans was frequent, usually localized to a few vertebræ. Hypertrophy of the middle turbinated bones was noted; enlarged spleens, supposed to indicate malaria, were also found. The histological observations will be given later.

Tubercle Bacilli in the Feces.—So much has been written about the presence of acid-fast bacilli in the feces of tuberculous and non-tuberculous persons, that it is a little difficult for the casual observer to know what he should believe with regard to the frequent presence of tubercle bacilli in the stools. LAIRD, KITE, and STEWART (*Jour. Med. Research*, October, 1913) have undertaken careful experimentation with a view to clearing up this vexed subject. Many observers have shown the presence of tubercle bacilli in the stools of tuberculous people. By some this has been credited to swallowing the sputum, and by others to the presence of ulcers in the bowels. Many acid-fast bacilli in the stools of animals and of human beings ill with various diseases have been reported, and in some cases it has been definitely stated that these were tubercle bacilli. Tubercle bacilli are sometimes found in the stools, while none can be demonstrated in the sputum, while in a large series of cases with bacilli in the sputum they were also capable of demonstration in the stools. A series of cases was reported in which tubercle bacilli were found in the stools of all of 100 patients who had tubercle bacilli in the sputum, and in more than 20 per cent. of 1000 other persons. The above mentioned authors at Saranac have examined a large number of persons, and have concluded that nearly all patients with tubercle bacilli in their sputum also have tubercle bacilli in the feces; whereas very few persons who have no tubercle bacilli in the sputum have even acid-fast bacilli in the feces. In most cases where acid-fast bacilli appear in the sputum animal experimentation was performed with positive results; the feces which did not contain acid-fast bacilli were frequently examined by experimental inoculation of animals with negative results. The authors did not find acid-fast bacilli to any marked extent in the feces of those whose sputum did not contain tubercle bacilli, and their conclusion is that sputum frequently swallowed during sleep is the most likely explanation of the presence of these germs in the stools. The authors further go upon record as doubting the frequent presence of tubercle bacilli in the blood, a position which is the more tenable because good workers have repeatedly failed to obtain them from the blood.

The Bacteriology of Condensed Milk.—ANDREWES (*Jour. Path. and Bact.*, 1913, vol. xviii, No. 2) has examined a large series of samples of condensed milk with regard to bacterial content, a study which gains some importance when one considers that 50,000 tons of this product are imported into Great Britain in a year. In spite of the "villainous appearance of the stained sediment," none of the samples could be accused of containing pus; a high cell count with a percentage of polymorphs of over ninety ought to be present before the presence of pus could be determined. As to bacteria, the process of condensation appears, in many cases, to sterilize the milk, but a notable exception is in the case of staphylococcus, which finds in sweetened condensed milk, a medium that is almost differential. Andrewes does not absolutely condemn a milk that contains 250,000 cocci per cubic centimeter; nevertheless he thinks it would be safer to do so, and that efficient pasteurization should be performed before the milk is condensed and sweetened.

Arterial Lesions in Rheumatic Fever.—OSKAR KLOTZ (*Jour. Path. and Bact.*, October, 1913, vol. xviii, No. 2) has studied an interesting case of aneurysm of the ascending aorta found in a boy, aged six six years, with rheumatic fever. It was evident during life that the heart was seriously involved, and blood cultures gave a pure growth of streptococcus in short chains. In addition to the disease of the mitral and aortic valves, and much fibrinous deposit in the vicinity of the aortic opening, there was found in the ascending aorta, on the posterior surface, an aneurysm measuring 2½ x 2 x 1½ cm. Two-thirds of the circumference of the aorta was involved in this dilatation. Histological examination of the aortic wall showed that the external coat especially in the vicinity of the vasa vasorum were markedly affected. Infiltration was partly leukocytic and partly lymphocytic, and plasma cells were present. Nothing like abscess formation was found anywhere, but marked necrosis was observed in the areas of the muscular elements. In the sac, the adventitia and a small portion of media were reinforced externally by the pericardium. Fibrinous clot and its contained leukocytes were found in the interior of the sac. Streptococci were demonstrable in the affected tissues. The finding of so marked an arterial change in the course of rheumatic fever comes to us as a surprise, and yet there is no inherent reason why this should